

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Law (No. 3329)

Registration District No. 399Primary Registration District No. 1002File No. 1380 3Registered No. 821

Ward

2. FULL NAME

(a) Residence, No. 3329 Traver St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF <u>Katharine Crane</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>about 68</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Cook</u> <u>231</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u> <u>2</u>		
FATHER	13. NAME	<u>Samuel Crane</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ireland</u> <u>15</u>
MOTHER	15. MAIDEN NAME	<u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u> <u>31</u>
17. INFORMANT (ADDRESS) <u>Clarence Crane</u> <u>5317 4th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>5-19</u> <u>1922</u>		
19. UNDERTAKER (ADDRESS) <u>Capetina</u> <u>Kansas City, Mo</u>		
20. FILED <u>May 19 1922</u> <u>M. M. Crowne</u> <u>Asst Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-17</u> <u>1932</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>deputy coroner</u> <u>19</u> to <u>19</u>
I last saw h. <u>alive on</u> <u>19</u> Death is said to have occurred on the date stated above, at <u>m.</u>
The principal cause of death and related causes of importance were as follows: <u>Coronary Sclerosis</u> <u>94B</u> <u>94B</u>
Other contributory causes of importance:
Name of operation <u>Autopsy</u> Date of <u>1-17</u>
What test confirmed <u>Autopsy</u> Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>19</u> Date of injury <u>19</u>
Where did injury occur? <u>(Specify city or town, county, and State)</u>
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>10</u>
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify <u>Stanley M. Hae</u> <u>M.D.</u>
(Signed) <u>deputy coroner</u>
(Address)

